

**I/DD WAIVER PROGRAM**  
**Quality Improvement Advisory (QIA) Council Evaluation**

Participant Name: \_\_\_\_\_ Provider: \_\_\_\_\_  
 (Optional) (Optional)

Meeting Date: \_\_\_\_\_ Quarter: \_\_\_\_\_

The WV IDDW program is continually working to improve the quality of the program. Therefore, it is very important to receive your feedback. Please take a few minutes to complete this evaluation. Your responses will help us understand your needs and identify opportunities for improving future I/DD Waiver QIA Council Meetings. Thank you.

<b>A</b>	<b>Please check <u>one</u> of the following that best describes your role on the Council:</b>
<p>___ Person Receiving IDD Services      ___ Parent of Person Receiving Services      ___ Provider</p> <p>___ Advocate      ___ State agency/contractor      ___ Other: _____</p>	

<b>B</b>	<b>Please examine the following responses and circle <u>one number</u></b> <b>For each Evaluation Item that best describes your opinion.</b>
<p>1 – I strongly disagree with this statement.      4 – I agree with this statement.</p> <p>2 – I disagree with this statement.      5 – I strongly agree with this statement.</p> <p>3 – I am not sure if I agree or disagree.      6 – This statement does not apply to me.</p>	

Evaluation Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. I feel this quarterly meeting was productive.	1	2	3	4	5	6
2. I feel that as a Council member my input is valued.	1	2	3	4	5	6
3. I feel the amount of time spent for this meeting was adequate.	1	2	3	4	5	6
4. The materials presented were useful and easy to understand.	1	2	3	4	5	6
5. The meeting location was convenient and accessible.	1	2	3	4	5	6
6. Overall, I am satisfied with this quarter's meeting.	1	2	3	4	5	6

<b>C</b>	<b>Comments or suggestions for the next I/DD Waiver QIA Council meeting</b>
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